

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Heit Health Center, S.C.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 46-1976363

4. Debtor's address Principal place of business

7445 E. State St.
Rockford, IL 61108

Number, Street, City, State & ZIP Code

Winnebago

County

Mailing address, if different from principal place of business

7431 E. State Street, #256
Rockford, IL 61108

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership

☐ Other. Specify: _____

Debtor Heit Health Center, S.C. Case number (if known) _____
Name

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53AB))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the Debtor filing? Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check all that apply:
☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?
☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
☐ No
☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	<u>Robert K. Heit</u>	Relationship to you	<u>Owner</u>
District	<u>ND IL WD</u>	When	_____
		Case number, if known	_____

Debtor **Heit Health Center, S.C.**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

☐ Funds will be available for distribution to unsecured creditors.

☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☒ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☒ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor Heit Health Center, S.C.
Name

Case number (if known)

Request for Relief, Declaration, and Signature

WARNING – Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

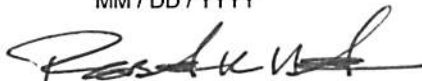
I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/26/2016
MM / DD / YYYY

X



Signature of authorized representative of debtor

Robert K. Heit

Printed name

Title President**18. Signature of attorney**

X



Signature of attorney for debtor

Date

MM / DD / YYYY

Bernard J. Natale

Printed name

Bernard J. Natale, Ltd

Firm name

Edgebrook Office Center
1639 N. Alpine Road, Suite 401
Rockford, IL 61107

Number, Street, City, State & ZIP Code

Contact phone (815) 964-4700Email address natalelaw@bjnatalelaw.com2018683

Bar number and State

Fill in this information to identify the case:

Debtor name Heit Health Center, S.C.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:


- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

01/26/2016

x



Signature of individual signing on behalf of debtor

Robert K. Heit

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Heit Health Center, S.C.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>51,446.06</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>51,446.06</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>220,712.68</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i>	\$ <u>1,780.32</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i>	+\$ <u>96,337.97</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>318,830.97</u>

Fill in this information to identify the case:

Debtor name Heit Health Center, S.C.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1.. Associated Bank Checking \$993.00

3.2.. Associated Bank Savings (Medicare) \$100.00

3.3.. Northwest Bank of Rockford Checking \$353.06

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,446.06

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

Debtor **Heit Health Center, S.C.**
Name

Case number (If known) _____

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old: 50,000.00 - 0.00 =.... \$50,000.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$50,000.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

Debtor Heit Health Center, S.C. Case number (if known) _____
Name

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations <u>Patients Accounts</u>	<u>\$0.00</u>		<u>Unknown</u>

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☐ No

☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No

☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor Heit Health Center, S.C. Case number (if known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$1,446.06</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$50,000.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$51,446.06</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$51,446.06</u>

Fill in this information to identify the case:

Debtor name **Heit Health Center, S.C.**

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Northwest Bank of Rockford <small>Creditor's Name</small> 3106 N. Rockton Rockford, IL 61103 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 7/2010 Last 4 digits of account number 0097 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Business assets and receivables of Heit Rehabilitation & Optimal Health Center S.C. and Heith Health Center Describe the lien UCC - SBA Guarantee Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$127,788.45	\$135,000.00

2.2	Northwest Bank of Rockford <small>Creditor's Name</small> 3106 N. Rockton Rockford, IL 61103 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 11/1989 Last 4 digits of account number 0069	Describe debtor's property that is subject to a lien Business assets and receivables of Heit Rehabilitation & Optimal Health Center S.C. and Heith Health Center Describe the lien UCC Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$92,924.23	\$135,000.00
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Debtor **Heit Health Center, S.C.**

Name

Case number (if know)

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$220,712.68

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

-NONE-

**On which line in Part 1
did you enter the
related creditor?**

Line

**Last 4 digits of
account number
for this entity**

Fill in this information to identify the case:

Debtor name **Heit Health Center, S.C.**

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Illinois Department of Revenue Bankruptcy Section PO Box 64338 Chicago, IL 60664-0338	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,780.32
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll Taxes	\$1,780.32
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address AG Adjustments 740 Walt Whitman Road Melville, NY 11747-9090	\$2,521.76
	Date or dates debt was incurred Last 4 digits of account number 7910	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Collection on behalf of Alta Financial Business - Heit Health
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Heit Health Center, S.C.**

Case number (if known)

3.2 Nonpriority creditor's name and mailing address

Allegra
1982 Belford North Drive
Belvidere, IL 61008

Date or dates debt was incurred

Last 4 digits of account number **3073**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Trade Debt

Business - Heit Health

Is the claim subject to offset?

☒ No

☐ Yes

\$635.84

3.3 Nonpriority creditor's name and mailing address

Associated Merchant Services
PO Box 407066
Fort Lauderdale, FL 33340-7066

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Merchant Credit Card Fees

Business - Heit Health

Is the claim subject to offset?

☒ No

☐ Yes

\$155.21

3.4 Nonpriority creditor's name and mailing address

Associated Visa
Card Member Services
PO Box 6353
Fargo, ND 58125-6353

Date or dates debt was incurred

Last 4 digits of account number **8797**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Credit Card

Business - Heit Health

Is the claim subject to offset?

☒ No

☐ Yes

\$1,069.19

3.5 Nonpriority creditor's name and mailing address

Bioventus
PO Box 204316
Dallas, TX 75320

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Trade Debt

Business - Heit Health

Is the claim subject to offset?

☒ No

☐ Yes

\$1,131.20

Debtor **Heit Health Center, S.C.**

Case number (if known)

3.6 Nonpriority creditor's name and mailing address

BlueCross Blue Shield of Illinois
300 E. Randolph
Chicago, IL 60601-5099

Date or dates debt was incurred

Last 4 digits of account number **730X**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Overpayment of Claim

Business - Heit Health

Is the claim subject to offset?

☒ No

☐ Yes

\$340.80

3.7 Nonpriority creditor's name and mailing address

BlueCross BlueShield of Illinois
300 E. Randolph
Chicago, IL 60601-5099

Date or dates debt was incurred

Last 4 digits of account number **550X**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Overpayment of Claim

Business - Heit Health

Is the claim subject to offset?

☒ No

☐ Yes

\$111.60

3.8 Nonpriority creditor's name and mailing address

BlueCross BlueShield of Illinois
300 E. Randolph
Chicago, IL 60601-5099

Date or dates debt was incurred

Last 4 digits of account number **014C**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Overpayment of Claim

Business - Heit Health

Is the claim subject to offset?

☒ No

☐ Yes

\$139.50

3.9 Nonpriority creditor's name and mailing address

BlueCross BlueShield of Illinois
300 E. Randolph
Chicago, IL 60601-5099

Date or dates debt was incurred

Last 4 digits of account number **U70X**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Overpayment of Claim

Business - Heit Health

Is the claim subject to offset?

☒ No

☐ Yes

\$55.75

Debtor **Heit Health Center, S.C.** Case number (if known) _____
Name

3.10 Nonpriority creditor's name and mailing address **Brian Torchin**
1315 Walnut Street
Suite 619
Philadelphia, PA 19107 As of the petition filing date, the claim is: **\$2,300.00**
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim:
Services
Business - Heit Health
Date or dates debt was incurred _____ Is the claim subject to offset?
☒ No
☐ Yes
Last 4 digits of account number _____

3.11 Nonpriority creditor's name and mailing address **Business Backers**
10101 Alliance Road
Suite 140
Cincinnati, OH 45242 As of the petition filing date, the claim is: **\$3,043.34**
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim:
Services
Business - Heit Health
Date or dates debt was incurred _____ Is the claim subject to offset?
☒ No
☐ Yes
Last 4 digits of account number _____

3.12 Nonpriority creditor's name and mailing address **Calvary Bookkeeping Services, Inc.**
5301 E. State Street
Rockford, IL 61108 As of the petition filing date, the claim is: **\$610.00**
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim:
Services
Business - Heit Health
Date or dates debt was incurred _____ Is the claim subject to offset?
☒ No
☐ Yes
Last 4 digits of account number _____

3.13 Nonpriority creditor's name and mailing address **CB&C, Inc.**
195B N. Church Road
Franklin, NJ 07416 As of the petition filing date, the claim is: **\$6,439.57**
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim:
Services
Business - Heith Health
Date or dates debt was incurred _____ Is the claim subject to offset?
☒ No
☐ Yes
Last 4 digits of account number _____

Debtor **Heit Health Center, S.C.**

Case number (if known)

3.14 Nonpriority creditor's name and mailing address

Cleargage, Inc.
7028 W. Waters Avenue
Suite 399
Tampa, FL 33634-2292

As of the petition filing date, the claim is:

\$5,386.15

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Services

Business - Heit Health

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.15 Nonpriority creditor's name and mailing address

Contreni Billing & Collections Inc.
195B N. Church Road
Franklin, NJ 07416

As of the petition filing date, the claim is:

\$10,257.89

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Services

Business - Heit Health

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.16 Nonpriority creditor's name and mailing address

David Singer Enterprises
401 Yelvington Avenue
Clearwater, FL 33755

As of the petition filing date, the claim is:

\$9,500.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Services Agreement

Business - Heit Health

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.17 Nonpriority creditor's name and mailing address

Dr. Hiren Italia
3401 Daniel Place Drive
Charlotte, NC 28213

As of the petition filing date, the claim is:

\$5,066.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Trade Debt

Business - Heit Health

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

Debtor **Heit Health Center, S.C.**

Case number (if known)

3.18 Nonpriority creditor's name and mailing address

Dr.-OnCall
PO Box 1752
Dandridge, TN 37725

As of the petition filing date, the claim is:

\$1,828.29

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Services

Business - Heit Health

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.19 Nonpriority creditor's name and mailing address

Eileen F. Ahlgren
c/o Atty. Nicholas O. Meyer
3400 N. Rockton Avenue
Rockford, IL 61103

As of the petition filing date, the claim is:

\$3,595.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:
Refund Demand

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.20 Nonpriority creditor's name and mailing address

Great Guys, Inc.
PO Box 717
Itasca, IL 60143

As of the petition filing date, the claim is:

\$229.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Services

Business - Heit Health

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.21 Nonpriority creditor's name and mailing address

Groupon
600 W. Chicago Avenue
Suite 620
Chicago, IL 60654

As of the petition filing date, the claim is:

Unknown

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Unredeemed Groupon vouchers

Business - Heit Health

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Debtor **Heit Health Center, S.C.**

Case number (if known)

3.22 Nonpriority creditor's name and mailing address

Healthy Habits Management Co
14 S. Baltic Place
Suite 150
Meridian, ID 83642

As of the petition filing date, the claim is:

\$503.70

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Services

Business - Heit Health

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.23 Nonpriority creditor's name and mailing address

IPFS Dr Heit
1001 Winstead Drive
Suite 500
Cary, NC 27513

As of the petition filing date, the claim is:

\$951.50

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Services

Business - Heit Health

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.24 Nonpriority creditor's name and mailing address

Johnson Professional Services, Inc.
4525 Galleon Drive
Loves Park, IL 61111

As of the petition filing date, the claim is:

\$548.73

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Services

Business - Heit Health

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.25 Nonpriority creditor's name and mailing address

LabCorp
PO Box 12140
Burlington, NC 27216-2140

As of the petition filing date, the claim is:

\$366.75

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Services

Business - Heit Health

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

Debtor **Heit Health Center, S.C.** Case number (if known) _____

Name

3.26	Nonpriority creditor's name and mailing address McKesson OSS World Medical, Inc. 300 Airport Road Suite 2 Elgin, IL 60123-1600	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Business - Heit Health	\$2,013.99
	Date or dates debt was incurred _____ Last 4 digits of account number 4602	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.27	Nonpriority creditor's name and mailing address Nationwide Locum Tenens, LLC PO Box 205348 Dallas, TX 75320-3704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Business - Heit Health	\$7,637.50
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.28	Nonpriority creditor's name and mailing address Neurologic Relief Centers 401 Yelvington Avenue Clearwater, FL 33755	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: License Agreement Business - Heit Health	\$6,995.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.29	Nonpriority creditor's name and mailing address Northern Leasing Systems, Inc. 419 E. Main Street Suite 102 Middletown, NY 10940	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unexpired Lease of Credit Card Equipment	Unknown
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Heit Health Center, S.C.**

Case number (if known)

3.30 Nonpriority creditor's name and mailing address

**Northern Mechanical, Inc.
9933 N. Alpine Road
Machesney Park, IL 61115**

As of the petition filing date, the claim is:

\$347.44

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Services

Business - Heit Health

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

3.31 Nonpriority creditor's name and mailing address

**Physicians Billing Systems, LLC
310 Paper Trail Way
Suite 301
Canton, GA 30115**

As of the petition filing date, the claim is:

\$16,299.24

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Services

Business - Heit Health

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

3.32 Nonpriority creditor's name and mailing address

**PSS World Medical, Inc.
62046 Collections Center
Chicago, IL 60693-0620**

As of the petition filing date, the claim is:

\$1,964.07

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Trade Debt

Business - Heit Health

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4602**

3.33 Nonpriority creditor's name and mailing address

**Roscoe Area Chamber of Commerce
5310 Williams Drive
Roscoe, IL 61073**

As of the petition filing date, the claim is:

\$170.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Services

Business - Heit Health

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Debtor **Heit Health Center, S.C.** Case number (if known) _____
Name

3.34	Nonpriority creditor's name and mailing address The Computer Handyman 3260 Redhawk Trail Rockford, IL 61109	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Business - Heit Health	\$305.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.35	Nonpriority creditor's name and mailing address Tian Medical 244 E. Roosevelt Lombard, IL 60148	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Business - Heit Health	\$2,833.16
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.36	Nonpriority creditor's name and mailing address Wipfli PO Box 5407 Rockford, IL 61125-0407	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Business - Heit Health	\$985.80
	Date or dates debt was incurred _____ Last 4 digits of account number 3517	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Altus GTS, Inc. PO Box 1389 Kenner, LA 70063	Line 3.26 <input type="checkbox"/> Not listed. Explain _____	4602
4.2	Bob Feger Senior Collection Specialist 4100 Midway Road, Suite 2115 Carrollton, TX 75007	Line 3.27 <input type="checkbox"/> Not listed. Explain _____	

Debtor **Heit Health Center, S.C.**
Name

Case number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>1,780.32</u>
5b. +	\$ <u>96,337.97</u>
5c.	\$ <u>98,118.29</u>

Fill in this information to identify the case:

Debtor name Heit Health Center, S.C.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Commercial lease**

State the term remaining

List the contract number of any government contract _____

**Dyn Capron Holdings, Inc.
c/o First Midwest Group, Inc.
6801 Spring Creek Road
Rockford, IL 61114**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Lease of Credit Card Equipment**

State the term remaining

List the contract number of any government contract _____

**Northern Leasing Systems, Inc.
419 E. Main Street
Suite 102
Middletown, NY 10940**

Fill in this information to identify the case:

Debtor name **Heit Health Center, S.C.**
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS
 Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Dr. Robert Heit**
4402 Windsor Court
Loves Park, IL 61111

Northwest Bank of Rockford

☒ D 2.1
☐ E/F _____
☐ G _____

2.2 **Dr. Robert Heit**
4402 Windsor Court
Loves Park, IL 61111

Allegra

☐ D _____
☒ E/F 3.2
☐ G _____

2.3 **Dr. Robert Heit**
4402 Windsor Court
Loves Park, IL 61111

Associated Visa

☐ D _____
☒ E/F 3.4
☐ G _____

2.4 **Dr. Robert Heit**
4402 Windsor Court
Loves Park, IL 61111

Bioventus

☐ D _____
☒ E/F 3.5
☐ G _____

2.5 **Dr. Robert Heit**
4402 Windsor Court
Loves Park, IL 61111

Brian Torchin

☐ D _____
☒ E/F 3.10
☐ G _____

Debtor **Heit Health Center, S.C.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Business Backers	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.11 <input type="checkbox"/> G _____
<hr/>				
2.7	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Calvary Bookkeeping Services, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.12 <input type="checkbox"/> G _____
<hr/>				
2.8	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	David Singer Enterprises	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.16 <input type="checkbox"/> G _____
<hr/>				
2.9	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Dr. Hiren Italia	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.17 <input type="checkbox"/> G _____
<hr/>				
2.10	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Dr.-OnCall	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.18 <input type="checkbox"/> G _____
<hr/>				
2.11	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Great Guys, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.20 <input type="checkbox"/> G _____
<hr/>				
2.12	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	IPFS Dr Heit	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.23 <input type="checkbox"/> G _____
<hr/>				
2.13	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Johnson Professional Services, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.24 <input type="checkbox"/> G _____
<hr/>				

Debtor **Heit Health Center, S.C.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Nationwide Locum Tenens, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.27 <input type="checkbox"/> G _____
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2.15	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Neurologic Relief Centers	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.28 <input type="checkbox"/> G _____
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2.16	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Northern Mechanical, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.30 <input type="checkbox"/> G _____
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2.17	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Physicians Billing Systems, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.31 <input type="checkbox"/> G _____
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2.18	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	PSS World Medical, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.32 <input type="checkbox"/> G _____
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2.19	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Roscoe Area Chamber of Commerce	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.33 <input type="checkbox"/> G _____
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2.20	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	The Computer Handyman	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.34 <input type="checkbox"/> G _____
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2.21	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Tian Medical	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.35 <input type="checkbox"/> G _____
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Debtor **Heit Health Center, S.C.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.22 **Dr. Robert Heit** **4402 Windsor Court** **Wipfli** ☐ D _____
Loves Park, IL 61111 ☒ E/F **3.36**
☐ G _____

2.23 **Dr. Robert Heit** **4402 Windsor Court** **Cleargage, Inc.** ☐ D _____
Loves Park, IL 61111 ☒ E/F **3.14**
☐ G _____

2.24 **Dr. Robert Heit** **4402 Windsor Court** **CB&C, Inc.** ☐ D _____
Loves Park, IL 61111 ☒ E/F **3.13**
☐ G _____

2.25 **Dr. Robert Heit** **4402 Windsor Court** **Healthy Habits** ☐ D _____
Loves Park, IL 61111 **Management Co** ☒ E/F **3.22**
☐ G _____

2.26 **Dr. Robert Heit** **4402 Windsor Court** **Illinois Department of** ☐ D _____
Loves Park, IL 61111 **Revenue** ☒ E/F **2.1**
☐ G _____

2.27 **Dr. Robert Heit** **4402 Windsor Court** **LabCorp** ☐ D _____
Loves Park, IL 61111 ☒ E/F **3.25**
☐ G _____

2.28 **Dr. Robert Heit** **4402 Windsor Court** **BlueCross Blue** ☐ D _____
Loves Park, IL 61111 **Shield of Illinois** ☒ E/F **3.6**
☐ G _____

2.29 **Dr. Robert Heit** **4402 Windsor Court** **BlueCross** ☐ D _____
Loves Park, IL 61111 **BlueShield of Illinois** ☒ E/F **3.7**
☐ G _____

Debtor **Heit Health Center, S.C.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.30	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	BlueCross BlueShield of Illinois	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.8 <input type="checkbox"/> G _____
2.31	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	BlueCross BlueShield of Illinois	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.9 <input type="checkbox"/> G _____
2.32	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Northern Leasing Systems, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.29 <input type="checkbox"/> G _____
2.33	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	AG Adjustments	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.1 <input type="checkbox"/> G _____
2.34	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Associated Merchant Services	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.3 <input type="checkbox"/> G _____
2.35	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	McKesson OSS World Medical, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.26 <input type="checkbox"/> G _____
2.36	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Contreni Billing & Collections Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.15 <input type="checkbox"/> G _____
2.37	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Eileen F. Ahlgren	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.19 <input type="checkbox"/> G _____

Debtor **Heit Health Center, S.C.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.38	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Northwest Bank of Rockford	<input checked="" type="checkbox"/> D 2.2
				<input type="checkbox"/> E/F
				<input type="checkbox"/> G

2.39	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Groupon	<input type="checkbox"/> D
				<input checked="" type="checkbox"/> E/F 3.21
				<input type="checkbox"/> G

2.40	Heit Rehabilitation & Optimal Health	7445 E State Street Rockford, IL 61108	Northwest Bank of Rockford	<input checked="" type="checkbox"/> D 2.1
				<input type="checkbox"/> E/F
				<input type="checkbox"/> G

2.41	Heit Rehabilitation & Optimal Health	7445 E State Street Rockford, IL 61108	Northwest Bank of Rockford	<input checked="" type="checkbox"/> D 2.2
				<input type="checkbox"/> E/F
				<input type="checkbox"/> G

2.42	Dr. Robert Heit	4402 Windsor Court Loves Park, IL 61111	Dyn Capron Holdings, Inc.	<input type="checkbox"/> D
				<input type="checkbox"/> E/F
				<input checked="" type="checkbox"/> G 2.1

Fill in this information to identify the case:

Debtor name Heit Health Center, S.C.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

For prior year:
From 1/01/2015 to 12/31/2015

☒ Operating a business
☐ Other _____

\$291,489.61

For year before that:
From 1/01/2014 to 12/31/2014

☒ Operating a business
☐ Other _____

\$384,242.00

For the fiscal year:
From 1/01/2013 to 12/31/2013

☒ Operating a business
☐ Other _____

\$68,254.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **Heit Health Center, S.C.**

Case number (if known) _____

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None.

Debtor **Heit Health Center, S.C.**

Case number (if known) _____

Description of the property lost and how the loss occurred**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Bernard J. Natale, Ltd Edgebrook Office Center 1639 N. Alpine Road, Suite 401 Rockford, IL 61107	Attorney Fees (\$3,165) and Filing Fees (\$335)	9/2015, 11/2015, 12/2015, 01/2016	\$3,500.00
Email or website address natalelaw@bjnatalelaw.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1 Cevene Care Clinic 6451 E. Riverside Blvd., #103 Rockford, IL 61114	Office equipment and supplements - sold by secured creditor	01/22/2016	Unknown
Relationship to debtor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor **Heit Health Center, S.C.**

Case number (if known) _____

☐ Does not apply

Address

Dates of occupancy
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☒ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care
Unknown

15.1. **Heit Health Center, S.C.**
7445 E. State St.
Rockford, IL 61108

Chiropractic and non surgical pain management -
ceased doing business 12/2015.

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.
Securely held at 4402 Windsor Court, Loves Park, IL.

How are records kept?

Check all that apply:

☒ Electronically☒ Paper**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained.**Patient records including Social Security numbers**

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☒ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this

Debtor Heit Health Center, S.C.

Case number (if known) _____

case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☐ No.☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☐ No.☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?☐ No.☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

Debtor **Heit Health Center, S.C.**

Case number (if known) _____

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address**Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Dates business existed

25.1. **Heit Health Center, S.C.**
7445 E. State St.
Rockford, IL 61108

Non surgical pain management

EIN: **46-1976363**

From-To **01/2013 -**

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address**Date of service**

From-To

26a.1. **Wipfli**
PO Box 5407
Rockford, IL 61125-0407

2013 -2014

26a.2. **Community Tax**
6232 N. Pulaski Rd., Suite 300
Chicago, IL 60646

2015 -

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Robert K. Heit**
4402 Windsor Court
Loves Park, IL 61111

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Northwest Bank of Rockford**
3106 N. Rockton
Rockford, IL 61103

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

Debtor **Heit Health Center, S.C.**

Case number (if known) _____

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Robert K. Heit	Annually	200 @ retail

Name and address of the person who has possession of inventory records

Robert K. Heit

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Robert K. Heit	4402 Windsor Court	President	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Robert K. Heit 4402 Windsor Court Loves Park, IL 61111	\$6,853	01/2015 - 11/2015	Shareholder Distributions
	Relationship to debtor President and sole shareholder			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Debtor Heit Health Center, S.C.

Document

Page 38 of 44

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

01/26/2016Robert K. Heit

Signature of individual signing on behalf of the debtor

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Heit Health Center, S.C.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>3,165.00</u>
Prior to the filing of this statement I have received	\$ <u>3,165.00</u>
Balance Due	\$ <u>0.00</u>
2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☐ Debtor ☒ Other (specify): **Partial payment made by debtor; balance paid by Heit Rehabilitation & Optimal Health Center, S.C.**
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 27, 2016

Date

/s/ Bernard J. Natale

Bernard J. Natale 2018683

Signature of Attorney

Bernard J. Natale, Ltd

Edgebrook Office Center

1639 N. Alpine Road, Suite 401

Rockford, IL 61107

(815) 964-4700 Fax: (815) 316-4646

natalelaw@bjnatalelaw.com

Name of law firm

Chapter 7 Bankruptcy Fee Agreement

Federal law requires the execution of a written agreement between attorney and client(s) for Bankruptcy representation. Signing this agreement shall engage the services of **Bernard J. Natale, Ltd.**, hereinafter "**Attorney**" for Bankruptcy representation pursuant to Title 11, United States Code.

Whereas HEIT HEALTH CENTER, S.C. desire(s) to engage the services of **Attorney** to represent client's(s') interest in connection with Bankruptcy Proceedings, to be filed within four (4) months of this Agreement, **Attorney** and client(s) do hereby agree:

1. ☐ Client(s) shall pay to **Attorney** for the services described below in paragraph 2, the base fee of \$3,165 plus costs of \$335, prior to case filing.
2. ☐ The **Attorney** base fee shall include services rendered *pre-petition* as follows: **Attorney** shall interview client(s), analyze, prepare and file a Chapter 7 Bankruptcy Petition and appear at the first meeting of creditors held pursuant to 11 U.S.C. 341. **Attorney** shall further review and advise with respect to reaffirmation agreements. *Whether or not a Chapter 7 bankruptcy petition is filed, all fees paid are not refundable.*
3. ☐ After the filing of a Chapter 7 Bankruptcy Petition, as contemplated herein, any other services provided by **Attorney** deemed necessary and incidental to the bankruptcy proceeding shall be considered *post-petition* services not contemplated by the fee agreed to in paragraph 1. The base fee does not include preparation of amendments to Bankruptcy Schedules, including, but not limited to, amended schedules to add creditors not listed in the original petition. These services will be billed at **Attorney's** hourly rate plus cost of Court filing fees.
4. ☐ The base fee does not include representation in any *post-petition* services which may occur, including, but not limited to, court appearances for dischargeability issues, judicial lien avoidances, relief from stay actions, or any adversary proceedings. These services will be billed at **Attorney's** hourly rate plus cost of Court filing fees, client(s) will be billed and, by signature below, agrees to pay, *post-petition*.
5. ☐ The failure of client(s) to pay for *post-petition* services when the same become due and payable, as set forth above, shall constitute cause for **Attorney** to withdraw as attorney of record and cease all further services to client(s). Any withdrawal as attorney for client(s) shall not be deemed a waiver of fees due and payable. *Client(s) agrees to pay all reasonable costs of collection of any unpaid fees and costs, including reasonable attorney fees incurred in collection.*
6. ☐ By executing this agreement, client(s) agree(s) that they have had an opportunity to discuss the agreement with **Attorney**, have asked any questions that have arisen, and received understandable explanations for the questions, and are fully aware of the information contained herein.
7. ☐ If the Debtor is any entity other than individuals, those individuals signing this contract on behalf of Debtor as client(s), do hereby personally guarantee payment of fees.

CLIENT

Date:

 01/26/16

BERNARD J. NATALE, LTD.

By:



CLIENT

Date:

**United States Bankruptcy Court
Northern District of Illinois**

In re Heit Health Center, S.C.

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 41

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date:

01/26/2016



Robert K. Heit/President

Signer/Title

<p>AG Adjustments 740 Walt Whitman Road Melville, NY 11747-9090</p>	<p>Doc 1</p>	<p>Filed 01/27/16 Entered 01/27/16 14:31:35 Desc Main Document Page 42 of 44 Business Backers 1004 Alliance Road Suite 140 Cincinnati, OH 45242</p>	<p>Green F. Angren c/o Atty. Nicholas O. Meyer 3400 N. Rockton Avenue Rockford, IL 61103</p>
<p>Allegra 1982 Belford North Drive Belvidere, IL 61008</p>		<p>Calvary Bookkeeping Services, Inc. 5301 E. State Street Rockford, IL 61108</p>	<p>Great Guys, Inc. PO Box 717 Itasca, IL 60143</p>
<p>Altus GTS, Inc. PO Box 1389 Kenner, LA 70063</p>		<p>CB&C, Inc. 195B N. Church Road Franklin, NJ 07416</p>	<p>Groupon 600 W. Chicago Avenue Suite 620 Chicago, IL 60654</p>
<p>Associated Merchant Services PO Box 407066 Fort Lauderdale, FL 33340-7066</p>		<p>Cleargage, Inc. 7028 W. Waters Avenue Suite 399 Tampa, FL 33634-2292</p>	<p>Healthy Habits Management Co 14 S. Baltic Place Suite 150 Meridian, ID 83642</p>
<p>Associated Visa Card Member Services PO Box 6353 Fargo, ND 58125-6353</p>		<p>Contreni Billing & Collections Inc. 195B N. Church Road Franklin, NJ 07416</p>	<p>Heit Rehabilitation & Optimal Health 7445 E State Street Rockford, IL 61108</p>
<p>Bioventus PO Box 204316 Dallas, TX 75320</p>		<p>David Singer Enterprises 401 Yelvington Avenue Clearwater, FL 33755</p>	<p>Illinois Department of Revenue Bankruptcy Section PO Box 64338 Chicago, IL 60664-0338</p>
<p>BlueCross Blue Shield of Illinois 300 E. Randolph Chicago, IL 60601-5099</p>		<p>Dr. Hiren Italia 3401 Daniel Place Drive Charlotte, NC 28213</p>	<p>IPFS Dr Heit 1001 Winstead Drive Suite 500 Cary, NC 27513</p>
<p>BlueCross BlueShield of Illinois 300 E. Randolph Chicago, IL 60601-5099</p>		<p>Dr. Robert Heit 4402 Windsor Court Loves Park, IL 61111</p>	<p>Johnson Professional Services, Inc. 4525 Galleon Drive Loves Park, IL 61111</p>
<p>Bob Feger Senior Collection Specialist 4100 Midway Road, Suite 2115 Carrollton, TX 75007</p>		<p>Dr.-OnCall PO Box 1752 Dandridge, TN 37725</p>	<p>LabCorp PO Box 12140 Burlington, NC 27216-2140</p>
<p>Brian Torchin 1315 Walnut Street Suite 619 Philadelphia, PA 19107</p>		<p>Dyn Capron Holdings, Inc. c/o First Midwest Group, Inc. 6801 Spring Creek Road Rockford, IL 61114</p>	<p>McKesson OSS World Medical, Inc 300 Airport Road Suite 2 Elgin, IL 60123-1600</p>

Case 16-80174 Doc 1 Filed 01/27/16 Entered 01/27/16 14:31:35 Desc Main Document Page 43 of 44
Nationwide Loan Servicing, LLC
PO Box 205348
Dallas, TX 75320-3704

WPM
PO Box 5407
Rockford, IL 61125-0407

Neurologic Relief Centers
401 Yelvington Avenue
Clearwater, FL 33755

Northern Leasing Systems, Inc.
419 E. Main Street
Suite 102
Middletown, NY 10940

Northern Mechanical, Inc.
9933 N. Alpine Road
Machesney Park, IL 61115

Northwest Bank of Rockford
3106 N. Rockton
Rockford, IL 61103

Physicians Billing Systems, LLC
310 Paper Trail Way
Suite 301
Canton, GA 30115

PSS World Medical, Inc.
62046 Collections Center
Chicago, IL 60693-0620

Roscoe Area Chamber of Commerce
5310 Williams Drive
Roscoe, IL 61073

The Computer Handyman
3260 Redhawk Trail
Rockford, IL 61109

Tian Medical
244 E. Roosevelt
Lombard, IL 60148

**United States Bankruptcy Court
Northern District of Illinois**

In re **Heit Health Center, S.C.**

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Heit Health Center, S.C.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [Check if applicable]

January 27, 2016

Date

/s/ Bernard J. Natale

Bernard J. Natale 2018683

Signature of Attorney or Litigant
Counsel for **Heit Health Center, S.C.**

Bernard J. Natale, Ltd

Edgebrook Office Center

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